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CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CV 08

3769

CASE NO.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

(PR)

Delaney Barnes Plaintiff,

vs.

Board of Prison

Terms / Hearings Defendant.

I, Delaney Barnes, declare, under penalty of perjury that I am the

plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ 2

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 5.     Do you own or are you buying a home?           Yes \_\_\_\_ No X

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6.     Do you own an automobile?                       Yes \_\_\_\_ No X

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7.     Do you have a bank account? Yes \_\_\_\_ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_\_ No \_\_\_\_ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No \_\_\_\_

20 \_\_\_\_\_

21 8.     What are your monthly expenses?

22 Rent: \$ X Utilities: X

23 Food: \$ X Clothing: X

24 Charge Accounts:

25 Name of Account                       Monthly Payment                       Total Owed on This Acct.

26 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

27 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

28 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 NO

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 X

10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 8/20/08

17 DATE

*Delaney Barnes*

SIGNATURE OF APPLICANT

18

19

20

21

22

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25

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27

28

8/20/08

CV 08 3769 SI  
(PR)

Clerk of the US Court  
450 Golden Gate Ave

RE: Inmate Trust Accounting System  
Inmate Trust Account Statement

Delaney Barnes, F88879  
Deuel Vocational Institution  
P.O. Box 600  
Tracy, Ca 95378

Attached statement is the only Accounting  
and Trust statement that D.V.I. Tracy  
Prison could provide for the courts.

Respectfully Submitted  
Delaney Barnes

CHITRONAL OFFICE  
 NEW YORK  
 YORK  
 YORK

FOR THE PERIOD

ACCOUNT NUMBER: 10000000000000000000  
 ACCOUNT NAME: BARNES, HENRY  
 PRIVILEGE CODE: 0

DATE: 08/25/2008  
 TIME: 10:00:00  
 FROM: 10000000000000000000  
 TO: 10000000000000000000

AMOUNT: 0.00

DATE: 08/25/2008  
 TIME: 10:00:00  
 FROM: 10000000000000000000  
 TO: 10000000000000000000

CURRENT MONIES IN EFFECT

DATE	TIME	DESCRIPTION	AMOUNT	AMOUNT
08/25/2008	10:00	OTHER	0.00	0.00

ACCOUNT BALANCE

DESCRIPTION	DATE	TIME	AMOUNT	AMOUNT	DESCRIPTION
AMOUNT	DATE	TIME	AMOUNT	AMOUNT	TO: 10000000000000000000
0.00	0.00	0.00	0.00	0.00	0.00

OPTIONAL  
 ACCOUNT  
 BALANCE

0.00